

MEMORANDUM

State of Alaska
DEPARTMENT OF CORRECTIONS

To: Davis, Charlie
OBSCIS #: 399909

Date: September 5, 2002

Through: M. McGinty
Compliance Officer

Telephone No: 269-7300

From: Mel Henry 
Health Care Administrator
Medical Advisory Committee

Subject: Response to Grievance
Appeal Log #: 702
Dated: 6/27/02

I have reviewed your original grievance, your appeal, all your written requests for medical care, and the accompanying medical documents. Your grievance is for the facility where you are housed not having adequate medical staff to meet your medical needs.

FINDINGS:

Your grievance states that you have a heart condition and serious medical condition that the officers are not trained to recognize and properly manage during the hours that the medical department is not open.

All Department of Corrections facilities have a medical provider that is on call for the facility. The officers are trained in basic life support, automated defibrillators, first aid, and are trained to call the on-call provider with non-emergent medical issues that occur during the hours that the medical department is not staffed, or to call Emergency Medical Services if the situation is an emergency. The medical provider for your facility may also medically move you to another DOC facility if your medical condition warrants such a move. At the present time there is no indication that the medical and security staff at Palmer Correctional Center can not meet your essential health care needs per DOC Policy #807.02.

Grievance appeal denied.

Cc: Annie Landrum, Compliance Administrator



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EXHIBIT A
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STATE OF ALASKA

PRISONER GRIEVANCE

DEPARTMENT OF CORRECTIONS

PRINT NAME

INSTITUTION/MODULE

OBSIS NUMBER

LOG NUMBER

DAVIS JR CHARLIE J.

PCC

399909

702

DATE OF INCIDENT

DESCRIBE INCIDENT AND YOUR ATTEMPTS TO HANDLE IT. INFORMALLY/ONE ISSUE PER GRIEVANCE.

06-05-02

Floor officer was unaware as to what type of medication I have for my heart condition and especially unaware of the seriousness of my medical conditions. My personal records show the dosage that I receive and my calendar chart shows the dates that I never had a PT/INR done, which is a total of twenty seven days. This institution and its medical staff is well aware that my present medical condition is a life threatening one. And has failed to provide sufficient continuity of care, monitoring and follow-up medical treatment. This facility needs a full time Registered Nurse, Licensed Practical Nurse 7 days a week and especially at night. Cite Federal District Court Case U.S.C. Civil Battle vs. Anderson, 684 F.2d at 403. Also the PEPs, AACs AS. 44.28.030, AS. 33.021, 22 AAC 05.155. That are consistent with laws for guidance government and Administration of Correctional facilities IV. B. Health Screening, B. Physical Examination.

2. Medical Records P. 2 of 3

(Attach additional pages if necessary.)

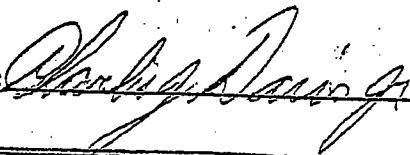
I REQUEST THE FOLLOWING RELIEF (State outcome you are seeking):

With their PEPs, AACs, CLEARY final settlement, Agreement and order, Provide full time qualified registered Nurses, Practical nurse 7 days a week and especially at night.

I UNDERSTAND THAT THIS GRIEVANCE MUST BE FILED WITH THE GRIEVANCE COORDINATOR WITHIN 30 DAYS OF THE OCCURRENCE OR MY KNOWLEDGE OF THIS INCIDENT.

DATE: 6-13-02

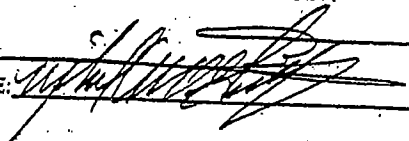
PRISONER'S SIGNATURE:



I ACKNOWLEDGE RECEIPT OF THIS GRIEVANCE AND HAVE ISSUED THE LOG NUMBER ABOVE FOR REFERENCE. PLEASE REFER ANY INQUIRES ABOUT THIS GRIEVANCE TO THE ASSIGNED LOG NUMBER.

DATE FILED IN COMPLIANCE: 6-14-02

GRIEVANCE COORDINATOR'S SIGNATURE:



STATE OF ALASKA

PRISONER GRIEVANCE/ PAGE 2

DEPARTMENT OF CORRECTIONS

PRISONER NAME

LOG NUMBER

Davis, Charlie Jr

702

INVESTIGATOR'S FINDINGS AND RECOMMENDATIONS:

The issue of manning/staffing can not be addressed at this level.

I spent about 20 minutes explaining how he can access medical (that is available at PCC)

INVESTIGATION: I met with grievant on 6-27-02 at 0930 hours.

INVESTIGATOR'S SIGNATURE W Roger Hale, PA-C DATE 6-27-02

SUPERINTENDENT'S FINDINGS AND DETERMINATION:

The above investigation does not address the prisoners grievance. Perhaps prisoner should be transferred to a facility with full time medical staff to accomodate "life threatening" condition.

SUPERINTENDENT'S SIGNATURE [Signature] DATE 6/27/02

PRISONER'S RESPONSE:

☒ I AM SATISFIED WITH THIS RESPONSE.
☐ I AM NOT SATISFIED WITH THIS RESPONSE,
 BUT DO NOT WISH TO APPEAL.

☒ AND DO INTEND TO APPEAL TO THE Director OF INSTITUTIONS OR MEDICAL Director.

I UNDERSTAND THAT MY COMPLETED STATEMENT OF APPEAL FORM MUST BE SUBMITTED TO THE Grievance Coordinator WITHIN TWO DAYS OF THIS DATE.

WORKING

PRISONER'S SIGNATURE [Signature] DATE 6-27-02

FORM DELIVERED TO PRISONER BY OFFICER

(PRINT NAME/SIGNATURE)

6-27-02 1455
 (DATE/TIME)

Exhibit

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DISTRIBUTION: Original to Prisoner Case File

PRISONER GRIEVANCE APPEAL STATEMENT

PRINT NAME	INSTITUTION/MODULE	OBSCIS NUMBER	LOG NUMBER
Mr. CHARLIE J. DAVIS Jr.	Palmer Medium	399809	702

DATE OF APPEAL	06/27/02	I am appealing the Superintendent's determination for the following reasons:
<p>On 05/12/02 I filed a Grievance against the Palmer Medium medical Staff for non-compliance and for not providing the proper medical attention that is needed. Now the Palmer Medium Facility and its Staff fail to comply with their own policies and procedures, Administrative Codes also known as the AAC's, & P&P's. Violation of the CLEARY final Settlement, Agreement and Order No. 3AN-81-5274 2. Health Care 4. Appendix E page 4. Health Examinations 2-4289, 2-5273 and standards 2-5344 in the P&P'S. The Department of Corrections has ten working days to review the decision, seek review of the final decision and if an inmate is dissatisfied with the decision he may proceed with the necessary legal process and no Retaliatory action may be taken against any inmate for filing or pursuit of a grievance, -68-, 7, 8. of the CLEARY Final Settlement Agreement and Order.</p> <p>This Administration at Palmer Medium Facility failed to comply with the Settlement, Agreement and Order.</p> <p>In BATTLE vs. United States of America, Plaintiff-Intervenor, Civ.A.No. 72-95 Lack of Medical Staff, Medical Staffing Requirements, full time Registered Nurse, Licensed Practical Nurse, Correctional Medical Specialist. This is a U.S. District Court decision and which also applies to all the Correctional Facilities within the State of Alaska.</p>		
PRISONER'S SIGNATURE: <i>Charlie Davis Jr.</i>		

I ACKNOWLEDGE RECEIPT OF THIS GRIEVANCE APPEAL STATEMENT AND HAVE LOGGED IT WITH THE APPROPRIATE INITIALLY FILED GRIEVANCE.	
DATE FILED IN COMPLIANCE: _____	GRIEVANCE COORDINATOR'S SIGNATURE: _____

DIRECTOR OF INSTITUTION-S/MEDICAL ADVISORY COMMITTEE'S DECISION:	
<div style="text-align: right;"> Exhibit <u>10</u> Page <u>4</u> of <u>4</u> </div>	
DATE: _____	AUTHORIZED SIGNATURE: _____

Distribution:

Original to Prisoner Case File

Institutional Grievance Coordinator / Grievance & Compliance Administrator (Central Office)

EXHIBIT

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